

## What is an Intervention?

Alcoholism and drug addiction are often seen as moral failings and evidence of a weak character lacking self-control. They are not. Addiction is an illness but people suffering from these illnesses are unfortunately seen as “drunks” or “drug addicts”. The automatic sympathy that would be extended to someone with a physical illness may not be there for a person who is battling addiction. When people are suffering from alcoholism or chemical dependency, they are sick and need help. Everyone may feel sorry for people who are in trouble, but no one wants to work next to, or rely on, someone who is impaired. For families in which one member is an alcoholic or otherwise chemically dependent, there are two major problems:

- 1 Identifying the problem as alcohol/drug dependency; addiction is a great master of disguise.
- 2 What can family members do that will really help?

There is still a belief that the illness of addiction should be allowed to progress until the individual acknowledges that he or she needs help – until they reach their ‘rock bottom’. This delay is not only unnecessary but potentially dangerous. Unless the destructive process is interrupted successfully, the result could be permanent physical and psychological damage, loss of career, family and friends and even premature death.

A structured intervention is a collaboration of people and resources. It is methodical and can be lengthy. It requires time and commitment. Successful intervention means penetrating the chemically dependent individual’s substantial wall of defence. The person or persons involved should prepare themselves with factual data concerning the individual’s behaviour whilst they are abusing alcohol and/or drugs.

Often the breakthrough is delayed when persons close to the alcoholic adopt either or both of the following tactics:

**Confrontation.** One partner asked if she had ever tackled her husband about his condition replied: “Have I! There isn’t anything left in the house to throw at him!”

Throwing things might have eased the frustration; however, the alcoholic or addict sees this as punishment. Consciously or unconsciously, they regard themselves as needing punishment. Punishment momentarily alleviates their guilty feelings and enables them to live more comfortably with their addiction. They continue to avoid their problem by indulging in self-pity and resentment.

**The Sympathetic approach.** This might make the spouse feel less persecutory but the effect on the alcoholic or addict is to reduce their anxiety level about the problem. The alcoholic or addict is able to live with his/her drinking less painfully and therefore less realistically.

Both approaches delay the moment of truth that only the right sort of intervention can achieve. Such intervention is most effective when it involves people who are significant to the addict such as family, their employer or close friends.

Talking to alcoholics and addicts in a rational manner is often useless or even counterproductive. In other cases the alcoholic or addict may agree with observation that his behaviour is harmful to himself and others. He may agree with the need for change and in some cases even make an attempt to relinquish or moderate his drinking or using. A relapse and repetition of the same cycle, sometimes dozens of times often follow this. Such people manifest remorse, guilt and a determination to "do better next time" but the behaviour recurs despite their apparent insight and desire to behave differently.

Those of us around such alcoholics and addicts become frustrated, angry and often feel hopeless. We know they need help yet are not sure how to act when they continue to insist they are just fine. We want to believe that the problem will go away, or that it is just a phase. The alcoholic or addict possesses exceptional skills in deflecting the focus, pointing out our shortcomings, dragging up old conflicts or simply walking out in a huff. After being confronted many will engage in still more acting out behaviour to self-medicate the strong feelings of shame, hurt and resentment.

The turmoil caused by addiction is considerable – and it gets worse over time. Addiction causes people who are not naturally that way to become progressively more self-centred, inconsiderate, dishonest and defensive. They may experience unpredictable mood swings, outbursts of emotional and sometimes physical violence. Their behaviour can cause a great deal of destruction not only in their lives but also in the lives of others. Those who care about them often do not know what to do but to stand helplessly by and watch them self-destruct. We wait and pray for this person to "hit bottom", before their out of control behaviour leads to tragedy.

### **Intervention - The Process Explained:**

A family Intervention can be used for anyone engaged in self-destructing behaviours. Although in the following paragraphs the term alcoholic or addict is used it equally applies to:

Eating disorders

Gambling addiction

Sex addiction

Other behavioural addictions

The process of Intervention gives hope those who care about the alcoholic/addict hope – a process by which they can express their concern in a structured and focused format. A well-organised and properly conducted intervention has been the first step in many alcoholics and addicts finally realising recovery.

An Intervention consists of a group of close friends and family members who present their observations and concerns in a non-judgmental manner. This is done with the guidance of an Interventionist, in a controlled, objective and systematic fashion. This approach can overcome the denial and delusion of the alcoholic/addict and presents a unified front of support and love.

Family and friends may be initially apprehensive and confused. They may be ambivalent whether or not they should participate in the intervention. Some may be afraid of the person, others may be very angry. It is there for important that all those involved meet with the Interventionist before taking part to educate themselves about the addiction, to find out how best they can help themselves and to prepare for the day of the Intervention.

The preparation may take several meetings and could involve identifying others who could make a significant contribution to the Intervention, exploring options for treatment after the Intervention (this should be done in advanced and not left to after the event when the alcoholic/addict could use the delay to his/her advantage), and participation in the practice session before the day.

### **Intervention by Significant People**

The delusion that things can continue as they are, can normally be broken by persons who are so close to the sick person that they consider the relationship essential to their self-image. This often means immediate family. However, the addict may choose to reject the intervention as a symptom of the family's problems and nothing to do with him/her. Hearing the reality of the situation from close friends outside the family circle may help destroy such attempts to try and rationalise recent events.

The chemically dependent person often clings to their job performance as a last bastion of respectability/self-worth as the illness brings the rest of the person's world crashing down around their ears. They might argue: "I can't be an alcoholic. I've never missed a day's work in my life because of drinking." An honest look at the job performance in active addiction usually destroys this myth. Intervention might, therefore, be most effective if undertaken by the employer, rather than family or friends, in helping to put the brakes on the disease process.

### **Timing**

Intervention should be carried out under the right conditions. The addict should be, as far as possible, clear-headed and sober. It should not be undertaken during an argument but during a time of relative peace to obtain maximum effect. The victim's defences are especially vulnerable when they are remorseful and depressed, such as on the day after a particularly bad drinking or using episode.

### **Factual Data**

Any intervention undertaken to confront their addiction must include accurate recounting of the facts. This allows the suffering person to experience fully what the addiction is costing himself and those around him. For example:

"I found another empty bottle in the garage"

"This is the third time this month we've had to break a dinner engagement"

"Jim talked to me after the party last night and told me how concerned he's getting about your drinking."

The drinking or using behaviour of the addict means they are constantly creating crises. Facing the coolly stated facts during an intervention, helps bring home what they are really doing to themselves and those around them. Factual data should enable realisation that their drinking or other addictive behaviour has caused this crisis and that the responsibility is theirs.

A properly done intervention is confrontational but also deeply caring and supportive. Each participant first affirms the worth of the alcoholic/addict and their positive feelings for him, which are the only reason they have agreed to participate in this painful process. The goal of the intervention is to get the alcoholic/addict into treatment immediately. Experience shows that promises of reform, sincere and often tearful, seldom hold up.

Those intervening should make it clear that they will in no way cover for the addict or bail them out of trouble. The sick person must not be permitted to avoid facing the effects of their behaviour. The process is painful but if it accomplishes the purpose – to break through the defences and help the victim face the reality of their condition – then it has to be worth it. This is Tough Love. It takes courage to help but remember we all have a choice to be either a stepping stone or a stumbling block.

### **Non-judgemental Intervention**

Before attempting to intervene, participants should examine their own attitudes carefully. Many persons around the alcoholic/addict still moralise, accuse and scold. They may find it hard to accept addiction as an illness. They may speak of the illness without knowing the dynamics of the compulsive behaviour and the distorted memory system caused by the chemical addiction. In order to intervene, participants must first know that:

Addiction is a chronic relapsing illness.

Recognise that addiction is a treatable disease

Realise that addiction has definite signs and stages of progression.

Understand that treatment is often successful.

Understand addiction can happen to anyone.

Understand the alcoholic/addict can never return to controlled use.

During the intervention, the participants must show the alcoholic/addict that they are really concerned about them. The atmosphere must radiate love and great hope. The intervention should involve at least two concerned persons, because the alcoholic/addict's defence system is too highly developed to be breached by one person alone.

This loving expression of real concern, coupled with an objective presentation of facts about the behaviour and its deadly effects, should be followed by an offer to help the victim find the best available help in their struggle. At this point in a well conducted intervention, the alcoholic/addict's defences often crack

momentarily. They may sincerely think they now see the light and may solemnly promise to quit altogether. It is extremely tempting to accept these promises at face value because this is what the interveners have been hoping for. But beware! If the intervention stops here, the victim's defences usually regroup, and before long they are worse off than before. Instead, interveners must use this cracking the defence system to get the victim to accept professional help – now!

Many times the family will receive a call or letter after a week of treatment thanking them for doing the intervention – as one alcoholic said “Thanks for shutting down the merry-go-round, I didn't know how to get off.”

The time it takes to complete an Intervention varies. It can be as short as a weekend but can be as long as several weeks.